MEDICAL CLAIMS REVIEW CHECKLIST

Fill in "Located" column with section and page location documenting that you meet the requirement**.**

Return checklist with application.

Company Name_____ ***Date _____***

CRITERIA	*STATUTE and REGULATION*	*CRITERIA SPECIFICS*	*LOCATED*	***Dept Use Only*** *YES*	*NO*
Application	IC 27-8-16-5 760:1-49-3	Completed - are there explanations for any boxes checked "no"	N/A		
		Contact name and telephone	N/A		
		EIN or FIN	N/A		
		Signed	N/A		
Fee	IC 27-8-16-5.2 760:1-49-3 & 11	$150.00 Initial application or $100.00 for renewal application			
Changes	IC 27-8-16-6(b) & (c) 760:1-49-3(e)	DOI to be notified of any material change in any application information within 30 days after change			
Staffing	760:1-49-3(C)(2) 760:1-49-4(1)(G)	Categories of personnel - listing or organizational chart			
	760:1-49-4(1)(G)	Orientation/Training summary			
	760:1-49-4(1)(F)	Method for determining if reviewers are licensed			
Certifications	IC 27-8-16 760:1-49-3(d)(1)	Will comply with the provisions of IC 27-8-16			
	760:1-49-3(d)(5)	Is in compliance with IC 27-8-16-11			
	IC 27-8-16-9 IC 27-8-16-7(6)	Determinations will be made by or determined in accordance with standards or guidelines approved by a provider licensed in the same discipline as the provider who rendered the service – **must be signed by a physician**			
	IC 27-8-16-11	Compensation of agent may not be based on amount by which claims are reduced for payment			
Review Plan					
Accessibility Toll-free telephone #	IC 27-8-16-7(1) 760:1-49-3(d)(3) 760:1-49-4(1)(C) 760:1-49-7	Manned by personnel at least 40 hour each week during normal business hours - **must include hours of operation**			
After hours	IC 27-8-16-7(2) 760:1-49-3(d)(3) 760:1-49-4(1)(C) 760:1-49-7(b)	Call recording system capable of accepting or recording incoming calls or providing instructions for other than normal business hours (waive if answered live 24-hrs/day)			
	IC 27-8-16-7(3)	Messages returned within 2 business days after call			
	IC 27-8-16-7(9) 760:1-49- 9	Includes process for handling written complaints from enrollee, provider, representative or DOI			
	760:1-49-3(d)(4)	Representative samples of materials used to inform enrollees/providers of review requirements			
	760:1-49-4(1)(D)(i)	Includes any form used during review process			
Confidential	IC 27-8-16-7(4) 760:1-49-3(c)(2) 760:1-49-4(1)(H) 760:1-49-8	Patient-specific information kept confidential in accordance with applicable federal and state laws			

OVERALL CRITERIA	***STATUTE and REGULATION***	***CRITERIA***	***LOCATED***	***Dept Use Only***	
				YES	***NO***
Confidential - continued	760:1-49-4(1)(H)(ii)	Patient-specific info used for purposes of MCR, quality assurance, discharge planning, case management			
	760:1-49-4(1)(H)(iii)	Patient-specific info shared only w/agencies with authority to receive this info (ie. Claims admin)			
	760:1-49-8(b)	MCR agent must, when contacting provider, provide its certification number and caller's name to providers named MCR representative			
	IC 27-8-16-7 760:1-49-8(c)	Medical Records and patient-specific info maintained in secure area with access limited to MCR personnel			
	IC 27-8-16-7 760:1-49-8(d)	Info generated for review kept at least 2 yrs if adverse decision made at any point or if case likely to be reopened			
Time-frame	760:1-49-4(C)(d)(ii)	Procedures contain the time frames that shall be met during the review			
Screening Criteria	IC 27-8-16-7(6)(B)	All physicians making MCR determinations hold current US license in same discipline as provider who rendered the service			
	IC 27-8-16(9.5)	If determination concerning a health care service provided by a hosp or in whole or in part on information obtained from database, info must relate exclusively to services provided by licensed hosp			
	760:1-49-4(2)	Written screening criteria and review procedures established & periodically updated w/appropriate involvement from providers; approved by physician.			
	760:1-49-4(2)	Available for inspection by DOI			
Notification	IC 27-8-16-7(7) 760:1-49-4(1)(A)	Notified in timely manner			
	IC 27-8-16-7(7)	Every notification of determination based on appropriateness of amt charged includes explanation of the factual basis for determination			
	IC 27-8-16-7(7)	If determination based on any info from a claims database, must include the name/address of the person/entity compiling the database			
	IC 27-8-16-7(7)	If determination based on any info from claims database, must include statement whether any of info was from database regarding amts charged/performed outside IN			
	IC 27-8-16-8 760:1-49-6	Procedures established for appeal of an adverse determination			
Appeals	IC 27-8-16-8 760:1-49-6	Written description of appeal procedure			
	IC 27-8-16-8	Appeal determination not to certify service as necessary or appropriate made by provider licensed in same discipline as provider of record			
	IC 27-8-16-8(b)(2)	Completed within 30 days after appeal filed AND all info necessary to complete appeal received			
	IC 27-8-16-8(c)	If determination results in limitation or reduction of benefits, notice of appeals procedure must be provided to the provider who rendered the services			